MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

10 583, 309 APPLICANT(S)

SERIAL NO.

FILING DATE 6-15-06

CLAIMS

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PTO - 136	60 (REV. 11/0	04)			Barbara	Campbe	ell, PCT l	Vational	Stage		TMENT of C			